Department of Medical Assistance Services
600 East Broad Street
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https://dmas.virginia.gov
MEDICAID MEMO

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Patient Pay Information for Medicaid Enrollees – Effective March 1, 2009

PATIENT PAY

The purpose of this memorandum is to inform you of when local departments of social services (LDSS) will enter patient pay into MMIS, how to obtain patient pay information, and the use of the Medicaid LTC Communication form (DMAS-225).

LDSS DATA ENTRY OF PATIENT PAY

Effective March 1, 2009, the local departments of social services (LDSS) will enter data regarding an individual's patient pay obligation into the Medicaid Management Information System (MMIS) at the time action is taken on a case:

- as the result of an application for long-term care services,
- at the time of the annual redetermination of eligibility, or
- when a change in the enrollee's situation is reported.

It is anticipated that patient pay information for all LTC enrollees will be in MMIS by December 2009. It is suggested that providers review patient pay prior to billing.

COMMUNICATION BETWEEN LTC PROVIDERS AND LDSS

The Patient Information form (DMAS-122) is obsolete as of March 1, 2009. For communication of information other than patient pay, use the new Medicaid LTC Communication Form, DMAS-225. A copy of the DMAS-225 is attached.

The Medicaid LTC Communication form is used by the LTC provider, Case Manager, or Service Facilitator to report changes such as date of admission, changes in income, and non-covered medical expenses. The web-based form found at the above link is a

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word document that can be saved to your computer and reused for these communications. These types of occurrences will cause the LDSS to initiate data entry of patient pay in MMIS. Long-Term Care (LTC) providers must monitor the ARS/Medicall systems for Medicaid LTC enrollees in order to determine the appropriate amount of patient pay to collect.

Medicaid policy regarding which LTC Waiver provider is responsible to collect patient pay when there is more than one provider has not changed. When more than one provider furnishes services to an enrollee, or the provider to be responsible for collecting the patient pay changes, the Medicaid LTC Communication form will be used to advise LDSS staff which provider is responsible for collecting the enrollee's patient pay obligation. The LTC provider, Case Manager or Service Facilitator should complete the "Provider NPI#" (or API) data field on the DMAS-225. The DMAS 225, when completed by the LDSS, will then be used to inform the LTC Provider of their responsibility.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

Verification of an individual's patient pay obligation will be completed through the web-based ARS system and telephone-based Medicall system. Both options are available at no cost to the provider. Information regarding how to access these systems is included in Chapter 1 of each Provider Manual. Provider manuals are located on our website at http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx.

ARS--Navigate to the ARS website at http://virginia.fhsc.com and follow the instructions below:

- [Click] on the ARS tab, using the drop down menu, navigate to the logon screen;
- enter a logon and password, select [Enter], select your facility and NPI from drop down;
- using the drop down menu, select Eligibility and Provider Payment Verification;